

# NJ Children's System of Care

Contracted System Administrator — PerformCare®

## Substance Use Treatment Services (SUTS) Request Form

PerformCare Substance Use Fax Number: (877) 949-6590

<b>Requestor Name/Title:</b>	
<b>County:</b>	
<b>Entity:</b>	<input type="checkbox"/> CMO <span style="float: right;"><input type="checkbox"/> Juvenile Court</span> <input type="checkbox"/> DCP&P <span style="float: right;"><input type="checkbox"/> SUTS Provider</span> <input type="checkbox"/> County Representative <input type="checkbox"/> Other:
<b>Phone Number:</b>	
<b>Fax Number:</b>	
<b>Date of Request:</b>	
<b>Funding Streams Exhausted:</b>	<input type="checkbox"/> Private Insurance <span style="float: right;"><input type="checkbox"/> County Funding</span> <input type="checkbox"/> Not Applicable <span style="float: right;"><input type="checkbox"/> Other:         </span>

<b>Youth Name:</b>	
<b>CYBER ID # (if known):</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <span style="float: right;"><input type="checkbox"/> Female</span>
<b>Current Street Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Phone Number:</b>	
<b>Legal Guardian Name:</b>	
<b>Legal Guardian Street Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Legal Guardian Phone Number:</b>	

<b>Service Requested:</b>	<input type="checkbox"/> Needs Bio Psychosocial Evaluation <input type="checkbox"/> Substance Use Treatment Services
<b>If there is a specific agency preferred, please provide name:</b>	
<b>Attachments:</b>	<input type="checkbox"/> Substance Use Evaluation within 30 days <input type="checkbox"/> 42-CFR Consent for Disclosure Form <input type="checkbox"/> Other: